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09/811,132

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> <b>09811132</b>	<small>FILING DATE</small> <b>9-14-01</b>					
							<small>APPLICANT(S)</small>						
<b>CLAIMS</b>													
	<small>AS FILED</small>		<small>AFTER 1st AMENDMENT</small>		<small>AFTER 2nd AMENDMENT</small>			<small>* IND. DEP.</small>		<small>* IND. DEP.</small>		<small>* IND. DEP.</small>	
	<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>		<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>
1							51						
2							52						
3							53						
4							54						
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46							96						
47							97						
48							98						
49							99						
50							100						
<b>TOTAL IND.</b>							<b>TOTAL IND.</b>						
<b>TOTAL DEP.</b>							<b>TOTAL DEP.</b>						
<b>TOTAL CLAIMS</b>							<b>TOTAL CLAIMS</b>						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

# CLAIMS ONLY

SERIAL NO.

09/811,132

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102						
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148						
149						
150						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	18	↓		↓		↓
TOTAL CLAIMS	20					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
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197						
198						
199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS